

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

374	Comprehensive Care II, Inc.				
*WMATC No. *Name of Carrier (as shown on certificate of authority)					
216 Rittenhouse Street, N.W.			Washington	DC	20011-1469
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
P.O. Box 60583			Washington	DC	20039-0583
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
(301) 270-7041			(301) 270-5076	rodwellb@aol.com	
*Telephone	Other Telephone	Fax	E-mail		

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Dr. Rodwell Buckley		President	
*Name		*Title	
(301) 270-7041		(301) 270-5076 rodwellb@aol.com	
*Telephone	Other Telephone	Fax	E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process		Telephone	E-mail		
Agent Address (must be inside Metropolitan District)		Apt./Suite	City	State	Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

NA

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2006	FORD	1FBNE31L36DA67943	B37574	DC	12	NO
	1999	Chery	1GAHG39R4X1017303	B37475	DC	15	NO
	2008	Chery updated	1GNDV231X8D144492	B46705	DC	7	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Rodwell Buckley

*Name (type or print)

President

*Title (not required for sole proprietors)

Rodwell Buckley

*Signature

1/29/16

*Date